NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)		Septemb (D	100 13 y 19.
			ING AN ALLOWABLE				
CELEBRADI (Cor	npany or O	perator)	ration, incso	Unicate) Well N	o 1.9 , ir		赠
.H	, Se		, T. 318 , R. .1	, NMPM.,		Yaxda	Pool
Sen.	hean		County. Date Spudd	led 8=5=57	Date Drilling	Completed 8=29-	57
	e indicate		Elevation ggg 3				
	C B	TA	Top Oil/Gas Pay 44	NamNam	me of Prod. Form.	inca Vestde (Pto	Lookout)
" '	ן ז	•	PRODUCING INTERVAL -			4775'-	
<u> </u>	PG		Perforations 4613	70' 4723'-32'	4737*-44's	E35'-66' 4790	1-40001,
' '	P G	H	Open Hole	Cas	ing Shoe	Tubing 6500	465473
<u></u>			OIL WELL TEST -		* .	•	
	K J	I	Natural Prod. Testi	bbls.oil,	bbls water i	inhrs,m	Choke in Siże
		,	Test After Acid or Fr	acture Treatment (af	fter recovery of volu	ume of oil equal to	volume of
	0	P	load oil used):	bbls,oil,	bbls water in	hrs,min.	Size
			GAS WELL TEST -				
			_ Natural Prod. Test:_	MCF	/Day; Hours flowed	Choke Size	
ing ,Cast	ing and Ger	enting Reco			_		
Size	Feet	Sax	Test After Acid or Fr	acture Treatment:	MC MC	CF/Day; Hours flowed	24
ee Ska	ceh Ace	-	Choke Size	ethod of Testing:	Mine Sales		
ngZad	7708-1						otl and
10 3/4	177	200	Acid or Fracture Trea			uch as acid, water,	oii, and
7"	5000	150	casing Tubi	ng Date fir	st new		
	4000	6/6xgs	-			· · · · · · · · · · · · · · · · · · ·	
205	dels	1767.ge	Oil Transporter			PE	
narke:	-	Allowsk	Gas Transporter				TIL
	and and a					o Ep.	Y /,
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 67	195
I hereb	v certify t	hat the inf	ormation given above is		to the best of my kn	owledge. O/S.	a
proved		w 13,	19.5	بالمالة بمستنف مشمو	MARKET PLANE	EATER DIE.	
			•	Qn.	(Company or	Operator)	
OI	L CONSE	RVATION	N COMMISSION	Ву:	mylhu	ellas 7	, .
المادة	nol Sign	ed Eme	ry C. Arnold	Marry	T. Mannyana	uic,	
Origi	nai oigi			Title.	nd Communications	regarding well to:	
e Sup	ervisor Di	st. # 3	•••••••••		BARG MERTERY T	TTT ARATTALE TO	17
				Name		~	
				Address 31.2	MAN Bldg D	anver 2, Color	ado

Contract of the contract of th

ting to the control of the first control of the con

Contact the second of the second

94 S I I I I

AZTEC DISTRICT OFFICE

DISTRIBUTION
NO.

G S

File

and the second of the second

.